

To the University of Trieste
International Mobility Office
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E-mail: outgoing.students@amm.units.it

LETTER OF DEPARTURE

Enter the ending date of the activities

We confirm that (surname/name) _____ from the University of Trieste finished his/her Erasmus + Key Action 1 **physical mobility** (study exchange) at (name of the Host University) _____ on (ending date) _____ for _____ months in the academic year 2024/2025.

Date

Signature and seal of the International Office of the Receiving Institution

Please note:

If the signature and seal are missing, this document is not valid.

This certificate cannot be signed before the date of departure.